

57444

## CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number 015-003779

<b>GENERATOR</b> (Generator Must Complete)		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)		④ Alternate TSD Facility	
Name <b>ALUMINUM CO. OF AMERICA VERNON WORKS</b>		Name <b>OPERATING INDUSTRIES INC.</b>		Name <b>CHEMICAL WASTE MANAGEMENT INC.</b>	
EPA NO. <b>C A D 0 7 4 1 2 6 6 8 1</b>		EPA NO. <b>C A D 0 8 0 0 1 2 0 2 4</b>		EPA NO. <b>C A T 0 0 0 6 4 6 1 1 7</b>	
Address <b>5151 ALCOA AVE.</b> Phone No. <b>588-6141</b>		Address <b>900 N. POTRERO GRANDE DR.</b>		Address <b>P.O. BOX 1104 430 W. ELM AVE.</b>	
City, State, Zip <b>VERNON, CA. 90058</b>		City, State, Zip <b>MONTEREY PARK. CA.</b>		City, State, Zip <b>COALINGA, CA. 93210</b>	

SFUND RECORDS CTR  
999000972

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER: TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER
WASTE					
WASTE					

⑥ WASTE CATEGORY <b>#7</b>			⑦ EX. HAZ. WASTE PERMIT NO.			⑧ GENERATING PROCESS <b>ALUMINUM FABRICATION</b>		
LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS	
⑨ A. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	
B. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	
C. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	
D. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material <b>100</b> %				
⑩ WASTE PROPERTIES: pH <b>7</b> <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen								
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other <b>ALUMINUM OXIDES &amp; WATER</b>								
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other								

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

*K. Hump*  
Signature of Authorized Agent and Title

**3-23-82**  
Date Shipped

**TRANSPORTER** (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**

EPA NO. **C A D 0 2 8 2 7 7 0 3 6**

ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**

CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **3-23-82**

TIME \_\_\_\_\_ ☐ AM ☐ PM

**3-23-82**  
Date

⑯

*John Miner*  
Signature of Authorized Agent and Title

**TSD FACILITY** (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **OPERATING INDUSTRIES INC** ⑱ QUANTITY (If Measured) **100 BBL**

EPA NO. **C A T 0 8 0 0 1 2 0 2 4** ⑲ STATE FEE (If Any) \_\_\_\_\_

PHONE NO. \_\_\_\_\_

## ⑳ HANDLING OR DISPOSAL METHOD:

- ☐ Surface Impoundment ☒ Landfill
- ☐ Injection Well ☐ Land Treatment
- ☐ Treatment (Specify) \_\_\_\_\_
- ☐ Recovery or Reuse ☐ Storage/Transfer

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: \_\_\_\_\_

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: \_\_\_\_\_

㉑ NAME \_\_\_\_\_

EPA NO. \_\_\_\_\_

㉒

*O. Hump*  
Signature of Authorized Agent and Title

**3-23-82**  
Date Accepted